



CITY OF ALEXANDRIA
CODE ENFORCEMENT BUREAU
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
(703) 838-4360 FAX (703) 838-3880

REVISION APPLICATION

IMPORTANT - Applicant to complete **ALL** applicable items. **Shaded boxes are FOR OFFICIAL USE ONLY.**

Permit Number:		Revision Number:		1. Project Name	
2. Project Address			Floor/Suite Number		3. Date Applied
4. Owner's Name		5. Phone Number		6. Applicant's Name	
				7. Phone Number	
8. Contact Person's Name (if different from owner or applicant)			9. Phone/Pager Number		10. FAX Number
11. Brief description of and Reason for Revision - including page number of plans. NOTE: ALL REVISIONS MUST BE DENOTED ON DRAWINGS BY CLOUDING, RED MARKING OR SEPARATE SHEET(S) _____ _____ _____ _____ _____ _____					
12. a. Revisions submitted for Plans in the Review Process (check all that apply *): <input type="checkbox"/> New Commercial & Multi-Family Construction. <input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection <input type="checkbox"/> Commercial Alterations & New Single Family Residential <input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection b. Amendments submitted for Issued Plans (check all that apply *): <input type="checkbox"/> New Commercial & Multi-Family Construction. <input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection <input type="checkbox"/> Commercial Alterations & New Single Family Residential <input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection * As of 7/1/98 - Fees for Revisions & Amendments are \$50 per discipline for New Commercial & Multi-family Construction; \$25 per discipline for Commercial Alterations & New Single Family Residential (Council Resolution #1881).					
13. Modification Required? <input type="checkbox"/> NO <input type="checkbox"/> YES - Code Section:			14. Has this Revision/Amendment been submitted before? <input type="checkbox"/> NO <input type="checkbox"/> YES - #		
15. a. Name of person who made the revision _____ b. Is the person the <input type="checkbox"/> Owner, <input type="checkbox"/> contractor, <input type="checkbox"/> Architect, <input type="checkbox"/> Engineer <input type="checkbox"/> Other design professional				17. Cost - Increase/Decrease \$	
16. a. Has revision (s) been approved by original design professional? <input type="checkbox"/> No <input type="checkbox"/> Yes b. Has revision (s) been reviewed & certified by Engineer of Record? <input type="checkbox"/> No <input type="checkbox"/> Yes				18. Permit Fee \$	
Engineering Aide	Date Rec'd	Reviewing Engineer	Date Approved	Date Released	Released To: